

Entered - 10-01-01 - sb
CL 01L0618 - ALEXIS HOLMES

01-*R*-1770

CLAIM OF: **BOBBY GAYTERS**
5645 Vicarage Walk
Alpharetta, Georgia 30005

For damages alleged to have been sustained as a result of driving
over cement button dividers in the roadway on August 18, 2001 at
Camp Creek Parkway ramp coming from Hartsfield Airport.

THIS ADVERSE REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert Gay DCA*

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

SEP 19 2001

RE: CLAIM FOR DAMAGES

Today's Date: 9-12-2001

Holmes
09/26/01
du

Dear Municipal Clerk:

MUNICIPAL CLERK ENTERED - 10-01-01
01L0618 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 500.00 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: August 18, 2001 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes No

4. Location of incident (including street address): _____

5. Name of your insurance company: State Farm Insurance Policy No. 0332494E3111

6. State what and how incident occurred: Coming up the ramp onto Camp Creek
Ramp from Hartsfield Airport I ran over something
which punctured a side wall & bent both front and
rear wheels on driver's side of Car.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: NISS MAXIMA 2000 744 PZA BOBBY GAYTERS
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Bobby Gayters
Signature of Claimant

BOBBY GAYTERS
(Print Claimant's Name)

5645 VICARAGE WALK
(Address)

ALPHARETTA, GA. 30005
(City, State and Zip Code)

01-2-1770

(Work Number)

770-475-6968
(Home Number)